

The Hidden Burden: Understanding and Confronting Weight Stigma in Paediatric Obesity

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Childhood obesity is a **chronic, relapsing, multifactorial disease** influenced by **genetics, biology, environment and social determinants** — not simply willpower or parenting. However, **many children living with obesity experience stigma** across healthcare, schools, families and media. **Weight stigma is a clinical issue**, as it reduces engagement with care and worsens physical and mental health outcomes.

What is weight stigma?

Negative attitudes, stereotyping, or discriminatory behaviours based on body weight. In healthcare this may include:



Assuming low motivation or non-adherence



Blaming patients or parents



Using judgemental language



Focusing only on weight rather than health



Shorter or less empathetic consultations

Weight stigma can emerge **as early as preschool**. It is influenced by parental attitudes, cultural norms and is known to **worsen physical and psychological outcomes** and undermine clinical management. This can persist through adolescence.

Where can weight stigma occur?



School

Bullying, teasing, exclusion, lower academic expectations, and avoidance of Physical Education



Family

Weight-related criticism or teasing



Media

Portrayal as lazy, comic or unintelligent



Healthcare

Bias, reduced trust, and healthcare avoidance

Why does this matter?

Weight stigma harms mental and physical health, increasing anxiety, depression, social withdrawal, and unhealthy coping behaviours.

It undermines treatment by **reducing trust, adherence, and engagement with care.**

Tackling stigma is essential to support children and adolescents living with obesity and improve long-term health outcomes.



How does weight stigma harm health?

Stigma worsens obesity rather than treating it.



Physical effects

- Greater future weight gain
- Persistence of obesity

Behavioural effects

- Anxiety and depression
- Low self-esteem
- Body dissatisfaction
- Risk of self-harm

Psychological effects

- Avoidance of physical activity
- Emotional or binge eating
- Reduced adherence to treatment
- Avoidance of healthcare

What can healthcare professionals do?

Use person-first, neutral language



Avoid “obese child”, “fat”, or judgmental terms. Use “child living with obesity”, “child with overweight or obesity”.

Deliver patient-centred care



Use motivational interviewing and collaborative goal setting. Focus on behaviours, health and wellbeing. Avoid blame-based messaging.

Create a stigma-free environment



Use private weighing areas, appropriate equipment sizes, respectful educational materials and adequate consultation time.

Communicate the Science



Avoid oversimplified advice like “eat less, move more”. Discuss the role of genetics, appetite regulation, environment, and social determinants.

Supporting families



Encourage parents to avoid weight-based criticism, focus on healthy routines, use neutral language and promote supportive conversations.

Supporting young people



Promote social support, confidence and coping skills and separation of identity from body weight.

Obesity is a chronic disease requiring supportive care. Weight stigma is common, harmful and reduces engagement with treatment. Compassionate communication improves outcomes.



Scan the QR code to access more resources on the **ESPGHAN website: <https://www.espghan.org/home>**

This infographic has been developed by the Committee of Nutrition and its Special Interest Group on Childhood Obesity, with the support of the Public Affairs Committee